

**SPECIFIC-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT****FORM SPAC
COVER SHEET PG 1****The SPAC INSTRUCTION GUIDE explains how to complete this form.****1 ACCOUNT #**
(Ethics Commission filers)**2 Total pages filed:**

12

3 COMMITTEE NAME

Vote Yes on Prop 2

4 COMMITTEE ADDRESS☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5440 Alder
Houston, TX 77081**5 CAMPAIGN TREASURER NAME**

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Bruce R.
Holtze**OFFICE USE ONLY**

Date Received

Date Hand-Delivered or Date Postmarked

RECEIVED
JAN 18 2005
CITY SECRETARY

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5440 Alder
Houston, TX 77081**7 CAMPAIGN TREASURER'S MAILING ADDRESS**☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 664-7333 1831

9 REPORT TYPE☒

January 15

☐

July 15

☐

30th day before election

☐

8th day before election

☐

Runoff

☐

Exceeded \$500 limit

☐

Dissolution (attach PAC-DR)

☐

10th day after campaign treasurer termination

10 PERIOD COVERED

Month

Day

Year

10 / 24 / 04

THROUGH

Month

Day

Year

12 / 31 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 2 / 04

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME		ACCOUNT # (Ethics Commission filers)		
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME		
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)		
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #		ELECTION DATE Month Day Year 11 / 2 / 04
		DESCRIPTION Charter Amendment		
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$ 95.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 45,300.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ 40.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 168,899.38	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 72.87	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 66,000.00	

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Bruce R. Hotze
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce R. Hotze, this the 15th day of January, 20 05, to certify which, witness my hand and seal of office.

Susan Bickham
Signature of officer administering oath

Susan Bickham
Printed name of officer administering oath

Executive Asst.
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: <u>2</u>	
2 FILER NAME <u>Vote Yes on Prop 2</u>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <u>10/25/04</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Holmes Chiropractic</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code <u>Houston, Tx 77008</u>			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <u>10/25/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Michael P. Lewis</u>	Amount of contribution (\$) <u>100.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Houston, Tx 77027</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/25/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Key Oil Company</u>	Amount of contribution (\$) <u>500.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Houston, Tx 77098</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/25/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Neal Meyer</u>	Amount of contribution (\$) <u>1000.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Houston, Tx 77057</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <u>10/28/04</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Let the People Vote</u>	Amount of contribution (\$) <u>40,000.00</u>	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code <u>Houston, Tx 77043</u>			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A: 2	
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/29/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dixie Pipe Sales, LP 6 Contributor address; City; State; Zip Code Houston, Tx 77230	7 Amount of contribution (\$) 1000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Southwest Bank of Texas Contributor address; City; State; Zip Code Houston, Tx 77227	Amount of contribution (\$) 2500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/5/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: E.J. Grivetti Contributor address; City; State; Zip Code Houston, Tx 77079	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center; font-size: 1.5em;">2</div>
2 FILER NAME <div style="font-size: 1.2em;">Vote Yes on Prop 2</div>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$		
5 Date of loan <div style="font-size: 1.2em;">11/4/04</div>	7 Name of lender <div style="font-size: 1.2em;">Bruce Hotze</div> <div style="font-size: 0.8em;">☐ out-of-state PAC (ID# _____)</div>	9 Loan Amount (\$) <div style="font-size: 1.2em;">6,000.00</div>
6 Is lender a financial institution? <div style="font-size: 1.2em;">Y (N)</div>	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em;">5440 Alder Houston, TX 77081</div>	10 Interest rate
12 Principal occupation / Job title (See Instructions)		11 Maturity date
13 Employer (See Instructions)		
14 Description of Collateral ☐ none		
15 GUARANTOR INFORMATION ☐ not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code	18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer
Date of loan <div style="font-size: 1.2em;">11/23/04</div>	Name of lender <div style="font-size: 1.2em;">Bruce Hotze</div> <div style="font-size: 0.8em;">☐ out-of-state PAC (ID# _____)</div>	Loan Amount (\$) <div style="font-size: 1.2em;">10,000.00</div>
Is lender a financial institution? <div style="font-size: 1.2em;">Y (N)</div>	Lender address; City; State; Zip Code <div style="font-size: 1.2em;">5440 Alder Houston, TX 77081</div>	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Principal Occupation		Employer (See Instructions)
Description of Collateral ☐ none		
GUARANTOR INFORMATION ☐ not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
ATTACH ADDITIONAL COPIES OF THIS FORMAS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS

SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>2</u>	
2 FILER NAME <u>Vote Yes on Prop 2</u>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date of loan <u>10/27/04</u>	7 Name of lender <u>Bruce Hotze</u> <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) <u>30,000.⁰⁰</u>	
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <u>5440 Alder</u> <u>Houston, Tx 77081</u>	10 Interest rate	
		11 Maturity date	
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input type="checkbox"/> none			
15 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
	17 Guarantor address; City; State; Zip Code		
19 Principal Occupation		20 Employer	
Date of loan <u>11/1/04</u>	Name of lender <u>Bruce Hotze</u> <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$) <u>20,000.⁰⁰</u>	
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <u>5440 Alder</u> <u>Houston, Tx 77081</u>	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

10/27/04

Sound Works

6 Payee address;

City: State: Zip Code

4801 Woodway Dr. Suite 355W
Houston, Tx 77056

2467.67

8 Purpose of payment (See instructions regarding type of information required.)

Radio

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10/27/04

WC Management

Payee address;

City: State: Zip Code

402 West 16th Street
Houston, Tx 77008

8037.27

Purpose of payment (See instructions regarding type of information required.)

Telephone Calls

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10/27/04

International Mailing Systems

Payee address;

City: State: Zip Code

815 Live Oak
Houston, Tx 77003

3376.66

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount
(\$)

10/27/04

Copy Dr

Payee address;

City: State: Zip Code

5115 Buffalo Speedway #700
Houston, Tx 77005

3788.82

Purpose of payment (See instructions regarding type of information required.)

Copy Services

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/27/04

5 Payee name

International Mailing Systems

7 Amount (\$)

39750.00

6 Payee address; City; State; Zip Code

**815 Live Oak
Houston, Tx 77003**

8 Purpose of payment (See instructions regarding type of information required.)

Postage9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/27/04

Payee name

Neumann & Co

Amount (\$)

19261.09

Payee address; City; State; Zip Code

**1314 West Webster
Houston, Tx 77019**

Purpose of payment (See instructions regarding type of information required.)

Printing** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/27/04

Payee name

Booker Industries

Amount (\$)

6495.00

Payee address; City; State; Zip Code

**5415 Maple Avenue, Ste. 230
Dallas, Tx 75235**

Purpose of payment (See instructions regarding type of information required.)

Database** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/28/04

Payee name

Michael Jordan

Amount (\$)

500.00

Payee address; City; State; Zip Code

**3106 Elkdale Dr.
Houston, Tx 77082**

Purpose of payment (See instructions regarding type of information required.)

Poll Worker** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 6
2 FILER NAME Vote Yes on Prop 2		3 ACCOUNT # (Ethics Commission filers)

4 Date 10/28/04	5 Payee name Jean Branch Payee address; City; State; Zip Code 4918 Evella Houston, Tx 77026	7 Amount (\$) 340.00
8 Purpose of payment (See instructions regarding type of information required.)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 10/29/04	Payee name Bethel Nathan Payee address; City; State; Zip Code 4823 Marietta Ln. Houston, Tx 77021	Amount (\$) 2626.00
Purpose of payment (See instructions regarding type of information required.) Consulting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 10/29/04	Payee name Tracy Reese Payee address; City; State; Zip Code 4110 Wimbledon Houston, Tx 77028	Amount (\$) 340.00
Purpose of payment (See instructions regarding type of information required.) Poll Worker		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 10/29/04	Payee name The Carson Group Payee address; City; State; Zip Code 1708 Highway 6 South Houston, Tx 77077	Amount (\$) 7700.00
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/04

5 Payee name

Neumann & Company

7 Amount (\$)

16583.77

6 Payee address; City; State; Zip Code

**1314 West Webster
Houston, TX 77019**

8 Purpose of payment (See instructions regarding type of information required.)

Printing9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/29/04

Payee name

International Mailing Systems

Amount (\$)

38805.04

Payee address; City; State; Zip Code

**815 Live Oak
Houston, TX 77003**

Purpose of payment (See instructions regarding type of information required.)

Postage** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/29/04

Payee name

Burt Levine

Amount (\$)

200.00

Payee address; City; State; Zip Code

**3207 Winrock Dr.
Missouri City, TX 77479**

Purpose of payment (See instructions regarding type of information required.)

Poll Worker** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

10/29/04

Payee name

Carmen Vanmeter

Amount (\$)

80.00

Payee address; City; State; Zip Code

**933 Allston St
Houston, TX 77008**

Purpose of payment (See instructions regarding type of information required.)

Poll Worker** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **6**

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/29/04

5 Payee name

Liz Vannetor

7 Amount (\$)

80.00

6 Payee address; City; State; Zip Code

**933 Allston St.
Houston, TX 77008**

8 Purpose of payment (See instructions regarding type of information required.)

Poll Worker

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/2/04

Payee name

Michael Jordan

Amount (\$)

2000.00

Payee address; City; State; Zip Code

**3106 Elkdale Dr.
Houston, TX 77082**

Purpose of payment (See instructions regarding type of information required.)

Signs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/5/04

Payee name

Bethel Nathan

Amount (\$)

5000.00

Payee address; City; State; Zip Code

**4823 Marietta Ln.
Houston, TX 77021**

Purpose of payment (See instructions regarding type of information required.)

Consulting

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

11/22/04

Payee name

Omni Information Services

Amount (\$)

3936.49

Payee address; City; State; Zip Code

**P.O. Box 1607
Friendswood, TX 77549**

Purpose of payment (See instructions regarding type of information required.)

Telephone Calls

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/22/04

5 Payee name

South Belt - Ellington Leader

6 Payee address;

City; State; Zip Code

11555 Beamer

Houston, Tx 77089

7 Amount (\$)

252.00

8 Purpose of payment (See instructions regarding type of information required.)

Newspaper Ad

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

11/22/04

Payee name

Modern Print Shop

Payee address;

City; State; Zip Code

508 Cortlandt Street

Houston, Tx 77007

Amount (\$)

7499.57

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

12/7/04

Payee name

Burt Levine

Payee address;

City; State; Zip Code

3207 Winrock Dr.

Missouri City, Tx 77428

Amount (\$)

80.00

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address;

City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

